

A close-up photograph of a person's face, focusing on the mouth and cheek area. The person has bright red, glossy lipstick. A medical syringe with a clear barrel and a blue plunger is shown injecting a clear liquid into the cheek, just below the corner of the mouth. The needle is visible, and the skin is being pulled slightly by the plunger. The background is a soft, out-of-focus teal color.

**KANVAS**  
training academy

# Lip Masterclass Training Manual

[kanvascosmetics.com](http://kanvascosmetics.com)

## **Welcome to Kanvas Training Academy**

At last, we have developed an in-depth training course to train you in this very lucrative and competitive field. Shifting trends and advancements in the field of aesthetic medicine makes now the best possible time to start a career in this rapidly expanding field. Starting your medical cosmetics practice is both an exciting and stressful time. We understand the difficulties that can be faced starting in this competitive field, and we are here to guide you through this journey.

Our aim in providing this training course is to set the gold standard in training; the same level as all in the medical field and develop you into safe, competent and confident practitioners. Whatever route you decide to take in non-surgical cosmetics, we hope that you leave our training courses with the confidence to develop new clinical and business skills. We are passionate about regulating this industry and ensuring the safety of patients. We appreciate that the quality of your aesthetic treatments varies according to the quality of your training. We firmly believe in excellence, and this reflects in our high-quality training. Whatever route you decide to take in non-surgical cosmetics, we hope that you leave our training courses with the confidence to develop new clinical and business skills.

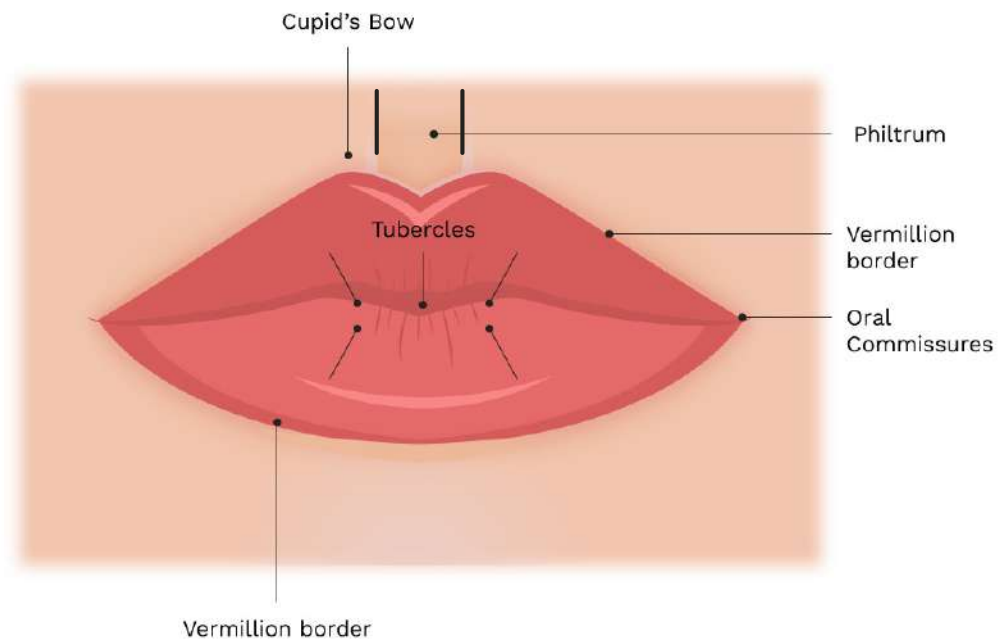
Please use this coursebook as a reference for your practice.

## **Lip Masterclass Training**

### Scope

- Lip Chart Diagram
- Consultation
- The Golden Ratio
- Styner's Lines
- Anatomy of the Lips
- Lip Restoration and Injection Techniques
- 4mm Technique
- Russian Lips
- Bratz Lips
- m Shaped Lips
- Complications
- Elective Reversal
- Emergency Reversal

## Lip Chart and Diagram



## **Consultation**

Consult your client, be personable but professional. Your client needs to feel comfortable with you. Ensure you focus on what they are wanting to achieve and whether their expectations are realistic.

Consider:

- Their natural shape
- Their age
- Their perception of their lips
- Do they have previous filler in their lips?
- Is there migration?
- Are there any anatomical differences? e.g. scars
- Medical conditions/ Allergies/ Medications/ Medical form
- Will this procedure psychologically benefit them?
- Measure the lips using callipers
- Can they anatomically achieve the shape they want?

Explain to them any complications they may face so they can make an informed choice regarding having the treatment done.

Explain to them how you will reduce this risk of complications.

Provide a realistic outcome as clients will request a 'fashionable' style because it is part of the latest trend. Following the natural concept of beauty and the golden ratio it may be considered as best practice to explain the fashionable style is an unrealistic expectation.

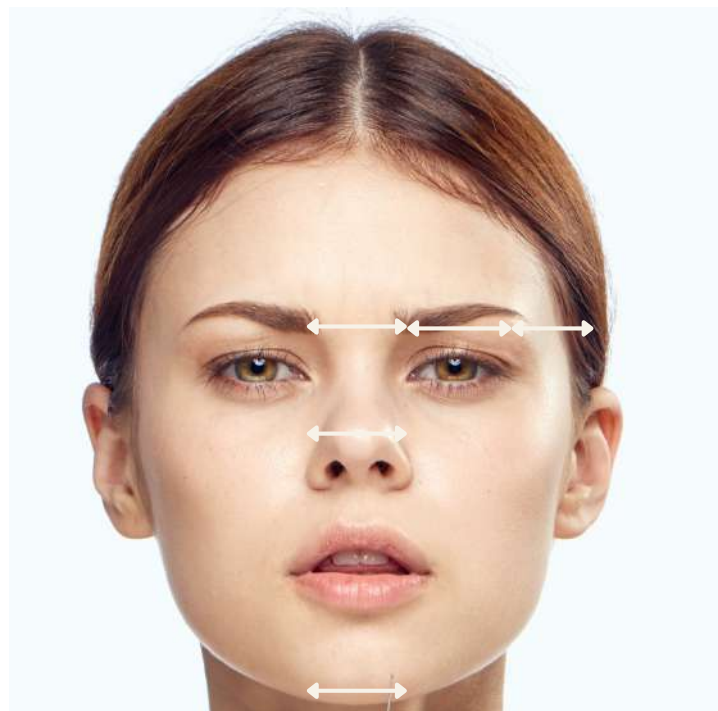
If they are happy to go ahead with the procedure then take a before picture, complete the consent process and then provide them with aftercare. Also, remember to go through the aftercare again post procedure.

## The Golden Ratio

You will need your own pair of callipers to correctly determine the golden ratio. Below is a summary of the points you can measure on the face in order to determine the adjustments your client may need to achieve the golden ratio.

(Please note everyone's anatomy is different and to achieve a more natural look profile harmonisation may be required.)

- Certain to obtain beautiful result
- Distance between eyes (doesn't change with age)
- Nose is also same width intercanthal distance
- Chin width is also the same
- Width of the eye
- Lateral canthus (eye to edge of cheek)





### **Golden ratio in the lips**

Total height with top and bottom lip in comparison to the chin

Top lip to bottom lip

- 1:1.618 (1.1.6)

Width of the lips should be equal to width of chin

### **How to use golden mean callipers (demonstration)**

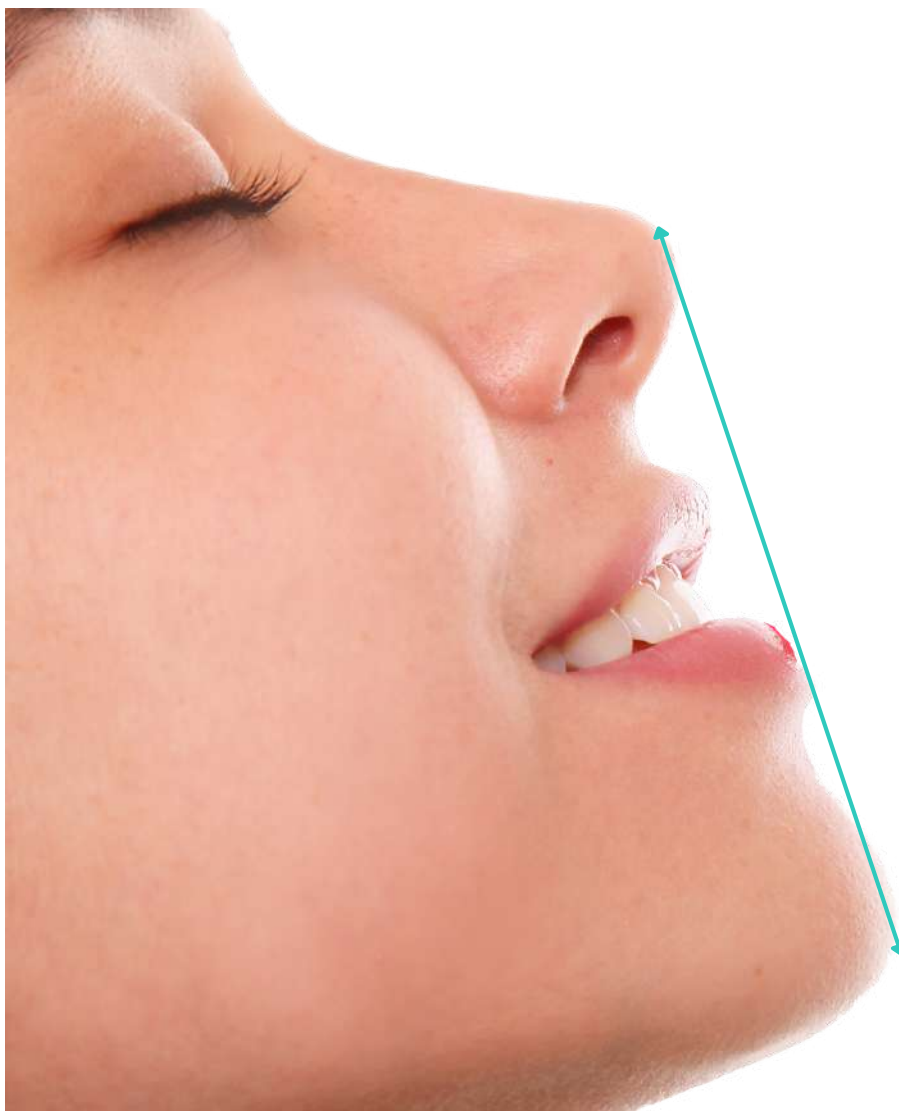
The closer to the ratio, the closer to 'beauty'

The foundation ratio to work from and a good place to start is the Epicanthal distance.



## **Styners Line**

Styners Line guides the protection of the lips. Ideally, this will run from the edge of the nose, lips and to the chin. The projection of the face should line up with this and this can be a necessary guide for profile harmonisation. However, this is sometimes impossible to achieve due to a client's individual anatomy and physiology.

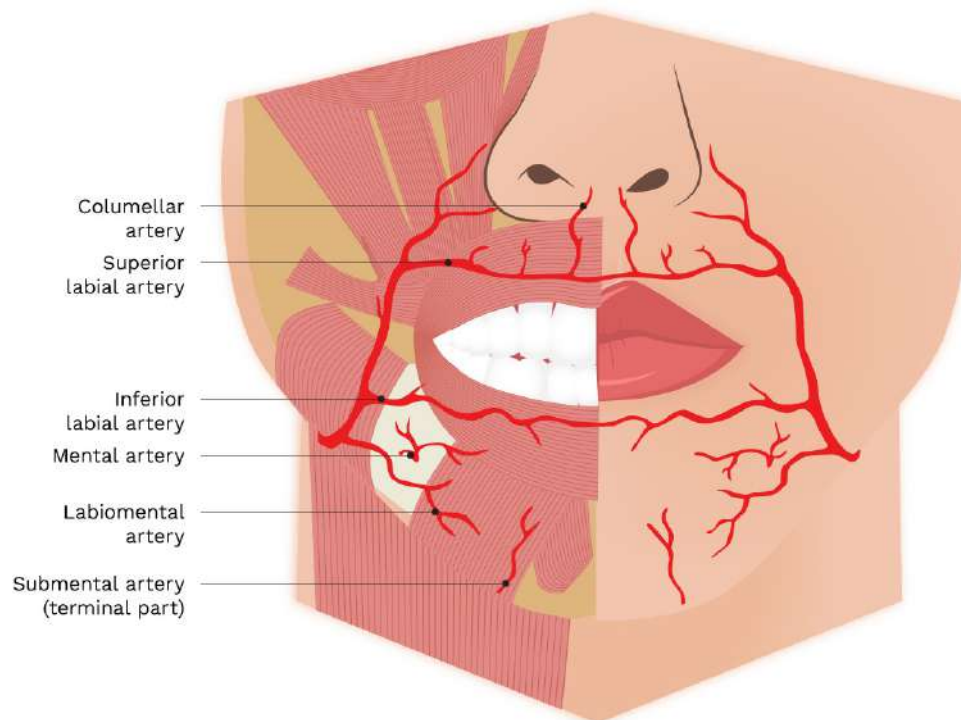




## Anatomy of the Lips

Is the lip supported by the teeth?

- Inferior labial
- Superior labial
- Columella artery
- Facial
- Mental



## **Injection Techniques**

### Linear Threading

This is the most popular technique. Linear threading is a retrograde technique, where you inject slowly while withdrawing the needle from under the skin. This can be done in the following steps:

1. Measure out the needle length from the treatment area to map out the entry point of the needle
2. According to the product and treatment area, determine the correct angle of injection, stretch the skin back behind the needle and introduce the needle intradermally until it is no longer visible.
3. Once in-situ, flatten the needle and bevel the end up to see where it ends and aspirate to see if there is any vessel penetration.
4. Slowly inject product, maintaining speed. Try to limit the amount of each deposit to 0.1ml. When retracting the needle to the final 2/3, stop injecting to avoid filler being wasted intradermally.

### Fanning

This technique adds volume to the treatment site, is often combined with others such as linear threading. The basic principle of insertion is the same, and the angle of entry is identical. The difference here, however, is the needle direction. While in-situ, the needle position is changed during withdrawal, then reinserted in another direction during the same plane. This can be repeated multiple times, giving a 'fan effect' and is ideal for areas requiring additional depth support, e.g. the top of the nasolabial folds.

## **Injection Techniques**

### Cross-Hatching

Here the technique involves injecting at right angles to add platform and volume, by taking the needle out and repositioning it. Two or more parallel linear threads are placed in repeating lines at 90 degrees to each other and are ideal for lifting marionette areas.

### Serial Puncture

This technique involves injecting multiple small 'beads' of filler at repeated intervals in a linear direction at the same angle. This technique is ideal for smoothing fine lines with minimal depth, e.g. sleep lines.

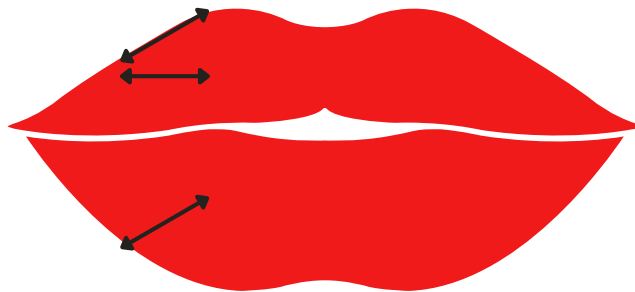
## Injection Techniques



## Injection Techniques

1. Structure + definition - complete first
2. Volume + contour
3. Restoration + Anti-aging

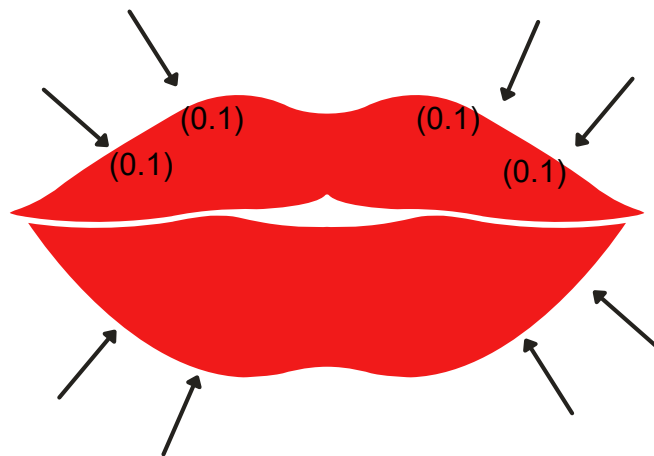
Technique: Very edge of the pink border



In - Bolus (0.05) Cupid's bow  
Out - 0.05 Linear  
In - 0.05 Volume  
Philtrum - 0.05 Linear

## Injection Techniques

Rotate the lip upwards + outwards



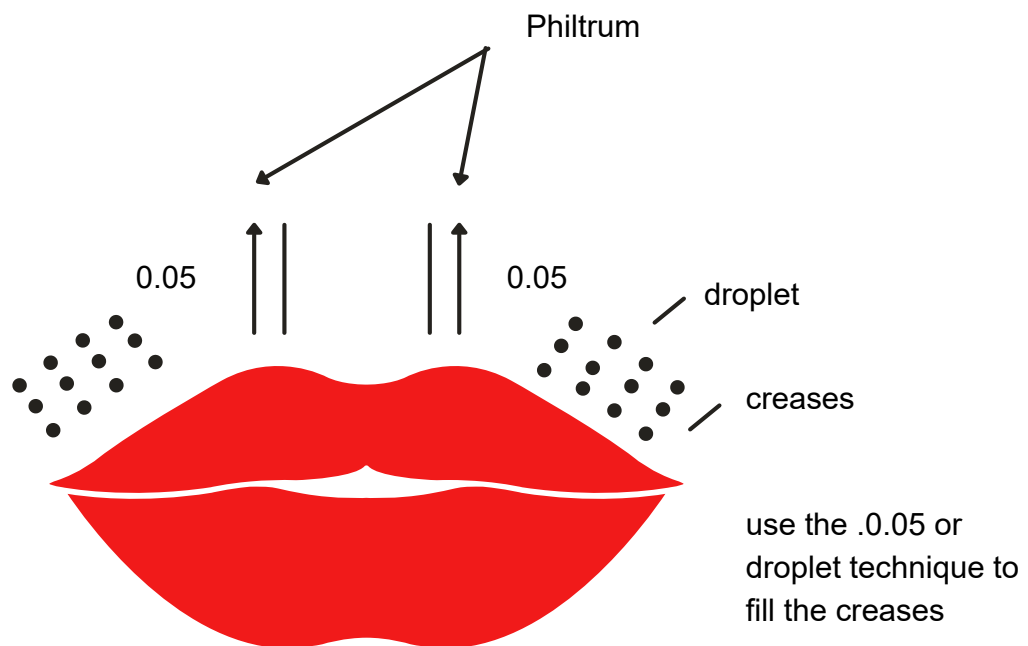
If the lip creases, inject straight up to increase strength



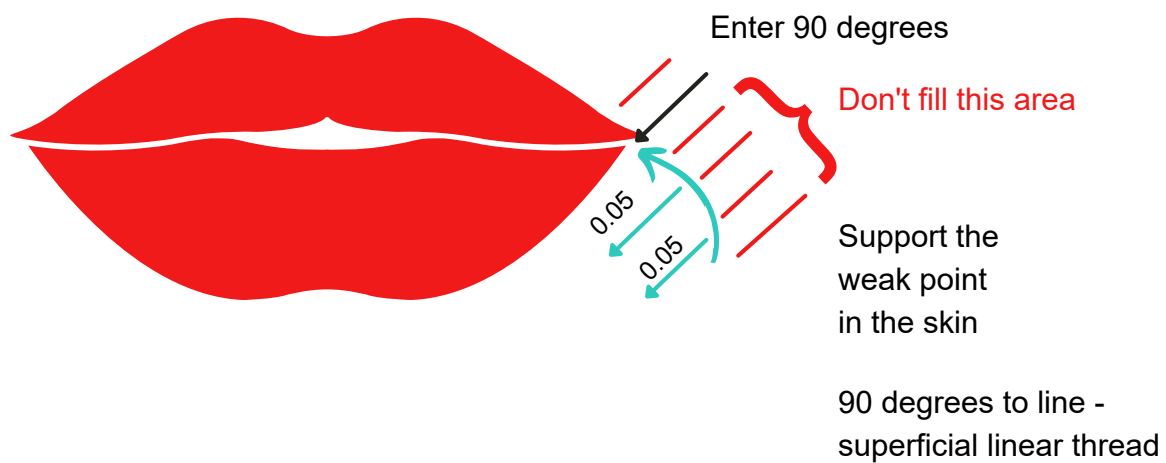


## Upper Lip Lines

Fill the philtrum (where pink meets white, center)

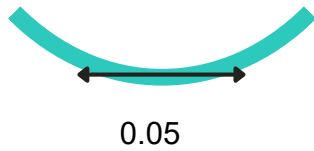
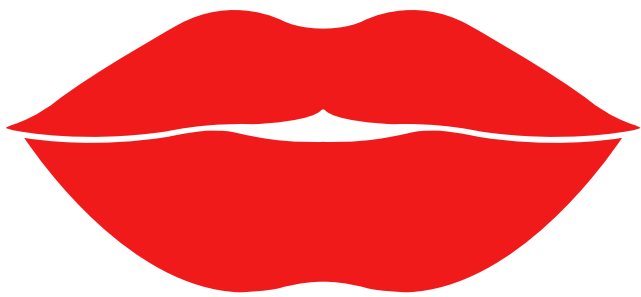


## Mesolabial fold (Marionette Lines)



- Lift the needle - make sure it blanches
- Check if you have the correct depth
- Massage the area afterwards

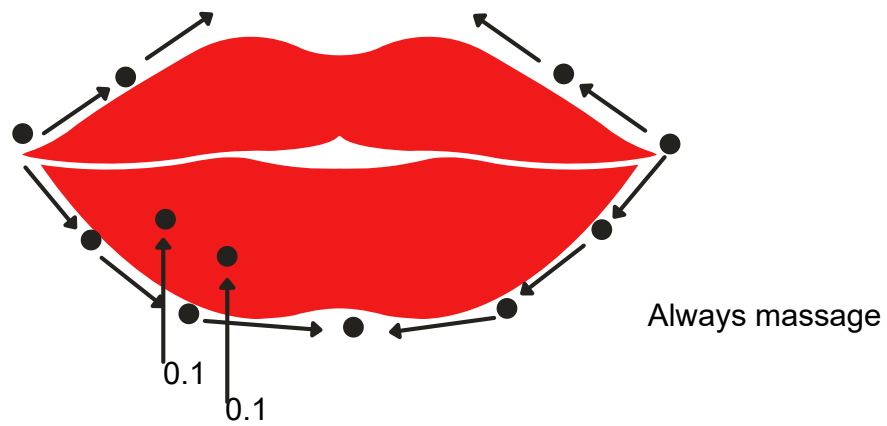
## Mental Crease (Chin Crease)



Superficially under crease

### 4mm technique - low viscosity product must be used

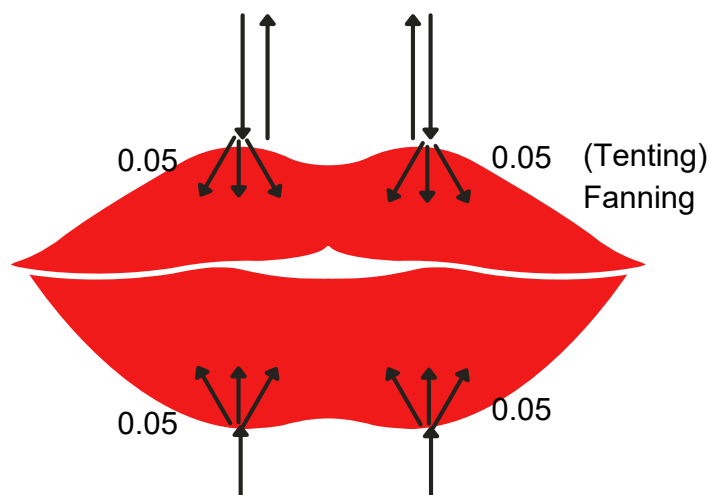
- Low trauma
- Less pain
- Short needle



## Russian Lips

- Hyper defined
- More bleeding
- More bruising
- Remain superficial

Enter lip from top  
Stay out of white part



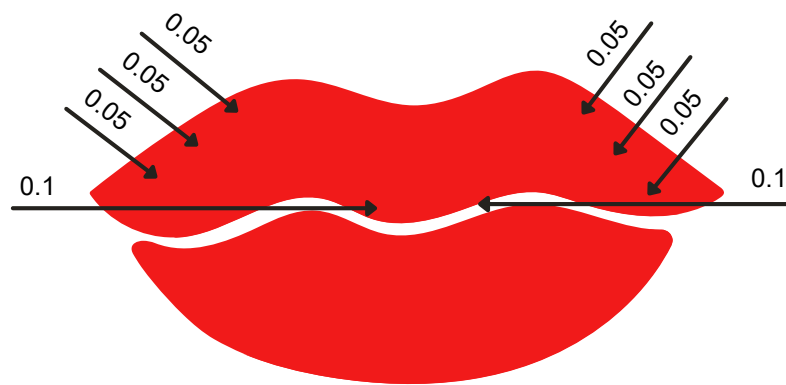
Enter opposite the cupid bow points

## Bratz Lips





## m shaped Lips



## Complications

### Lumps in lips

- Medical background - non treatment related/non substance related
- Procedure - filler type, location of injection, needle/cannula, trauma/infection
- Symptoms - pain itching, temperature
- Signs

Please note: Swelling can persist for six hours post treatment

Acute	→	Patient	→	Similar with other patients Can swell with any procedure
		Procedure	→	Traumatic/Injection Pattern - Tenting of lips
		Symptoms	→	Bruising
		Signs	→	Swelling
Chronic	→	Patient	→	Those who ignore or falsey reassure themsleves
		Procedure	→	Very little procedure related make up could have been applied to the area post injection
		Symptoms	→	Swelling, persistent mild tenderness
		Signs	→	Form over months, firmness + discreetness

## **Complications**

Non-procedure related lumps

- Mucocèles - minor trauma to salivary gland



## **Complications**

### Non-procedure related lumps

- Fordyce spots - little white dots (sebaceous glands) more apparent after procedure - not caused by procedure - tend to be present post procedure



## Complications

### Non-procedure related lumps

- Aphthous ulcers - ulcers by stress or ulcerus colitus



## **Complications**

Non-procedure related lumps

- Callus (frictional keratosis)





## **Complications**

Non-procedure related lumps

- Scars



## **Complications**

Non-procedure related lumps

- Cancers - refer to GP

## **Complications**

### Haematoma

This is caused by a needle going through a blood vessel which then allows blood to leak into the tissue. Allow time to heal, this can take up to two weeks, sometimes longer.

- Treat, massage lump, aspirate (but will be difficult) - can use hyalase to dissolve blood and increase/encourage the blood to reabsorb.

### Induration

This is part of healing process from haematoma, due to extra collagen being laid down. This is gradually broken down in time. Does not need active treatment, provide reassurance - can take up to six months

### Inflammation

- Body responding to trauma usually created by a needle as it enters the skin
- Inflammation will gradually subside over 5-7 days. Active treatment - NSAID, antihistamine, cold compress in the first 24 hours.
- Lots of injections = ↑ in inflammation

### Acute bacterial infection

- Explain - they have an infection from a bug in their mouth. Need antibiotics
- Use sterile technique to eliminate/reduce risk of infection
- Clinisept (sterile, antibacterial, antimicrobial skin cleanser)

## **Complications**

### Herpes Simplex

- Reassure
  - Aciclovir cream
  - Advise aftercare
- 
- Management of patients should be done conservatively. Provide them with reassurance + seek medical advice/attention.
  - Please note: refer treatment to your medical prescriber for prescription only medications.

## Elective Reversal Process

- Emergency Reversal Unit



- Adrenaline
- Saline/bacteriostatic saline
- Hyalase
- BD Syringe - insulin needle
- 5ml Syringe
- Viagra - backup to unblock blood vessels
- Aspirin - helps improve vascular supply
- Blue needle

15ml saline - withdraw 1ml and add to hyalase vial then re-add to saline solution

1500 iu/15ml - 1ml of this solution will dissolve 1ml of HA filler

Intra dermal allergy test.

Superficial area injection



one area saline      one area hyalase

Wait 20 minutes to see allergy test result.

Lips return to post treatment shape in 24 hours, but will swell up to twice the size whilst the hyalase is breaking down the hyaluronic acid in the treated area.

Use cannula to inject hyalase - av. 1ml of solution each side.

## **Emergency Reversal**

- Diagnose impending necrosis
- Hours to prevent skin necrosis
- Explain what has happened
- Seek informed consent for reversal
- Prepare solution
- 5ml syringe, blue needle draw up 2ml saline.  
1ml into hyalase vial - then add back to syringe. 1500iu/2mls
- Needle 27 gauge or smaller
- Allergy test (patch test)
- Apply warm compress to area whilst waiting
- 300mg Aspirin
- Inject around and into original injection site
- Warm compress + massage x4
- 1ml hyalase every 5 minutes



## Notes

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Dr. Tim emergency protocol

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